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Form <b>990</b>  Department of the Treasury Internal Revenue Service	<h1>Return of Organization Exempt From Income Tax</h1> <p><b>Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)</b></p> <p>▶ Do not enter Social Security numbers on this form as it may be made public. By law, the IRS generally cannot redact the information on the form.</p> <p>▶ Information about Form 990 and its instructions is at <a href="http://www.irs.gov/form990">www.irs.gov/form990</a></p>	OMB No 1545-0047 <div>2013</div> <div>Open to Public Inspection</div>

<b>A For the 2013 calendar year, or tax year beginning 01-01-2013 , 2013, and ending 12-31-2013</b>									
<b>B</b> Check if applicable <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending		<b>C</b> Name of organization CONQUER CANCER FOUNDATION OF THE AMERICAN SOCIETY OF CLINICAL ONCOLOGY Doing Business As					<b>D</b> Employer identification number  31-1667995		
		Number and street (or P O box if mail is not delivered to street address) 2318 MILL ROAD 800				Room/suite	<b>E</b> Telephone number  (571) 483-1700		
		City or town, state or province, country, and ZIP or foreign postal code ALEXANDRIA, VA 22314					<b>G</b> Gross receipts \$ 44,743,488		
		<b>F</b> Name and address of principal officer ALLEN LICHTER MD 2318 MILL ROAD 800 ALEXANDRIA, VA 22314							
<b>I</b> Tax-exempt status <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) ◀(Insert no ) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		<b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions)					<b>H(c)</b> Group exemption number ▶		
<b>J Website:</b> ▶ WWW.CONQUERCANCERFOUNDATION.ORG									
<b>K</b> Form of organization <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶					<b>L</b> Year of formation 1999		<b>M</b> State of legal domicile VA		

Part I		Summary		
Activities & Governance	<b>1</b> Briefly describe the organization's mission or most significant activities CCF'S VISION IS A WORLD FREE FROM THE FEAR OF CANCER THE MISSION STATEMENT FOR CONQUER CANCER FOUNDATION OF THE AMERICAN SOCIETY OF CLINICAL ONCOLOGY (CCF) IS CONQUERING CANCER WORLDWIDE BY FUNDING BREAKTHROUGH RESEARCH AND SHARING CUTTING-EDGE KNOWLEDGE			
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets			
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a) . . . . .	<b>3</b>	14	
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b) . . . . .	<b>4</b>	13	
	<b>5</b> Total number of individuals employed in calendar year 2013 (Part V, line 2a) . . . . .	<b>5</b>	0	
	<b>6</b> Total number of volunteers (estimate if necessary) . . . . .	<b>6</b>	109	
<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12 . . . . .		<b>7a</b>	0	
<b>b</b> Net unrelated business taxable income from Form 990-T, line 34 . . . . .		<b>7b</b>	0	
Revenue			<b>Prior Year</b>	<b>Current Year</b>
	<b>8</b>	Contributions and grants (Part VIII, line 1h) . . . . .	25,403,476	22,671,350
	<b>9</b>	Program service revenue (Part VIII, line 2g) . . . . .	0	0
	<b>10</b>	Investment income (Part VIII, column (A), lines 3, 4, and 7d ) . . . . .	1,387,836	1,907,790
	<b>11</b>	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0	0
	<b>12</b>	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) . . . . .	26,791,312	24,579,140
Expenses	<b>13</b>	Grants and similar amounts paid (Part IX, column (A), lines 1–3 ) . . . . .	16,299,020	13,796,349
	<b>14</b>	Benefits paid to or for members (Part IX, column (A), line 4) . . . . .	0	0
	<b>15</b>	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	0	0
	<b>16a</b>	Professional fundraising fees (Part IX, column (A), line 11e) . . . . .	110,025	0
	<b>b</b>	Total fundraising expenses (Part IX, column (D), line 25) <input checked="" type="checkbox"/> 1,886,856		
	<b>17</b>	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e) . . . . .	4,338,161	4,646,888
	<b>18</b>	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	20,747,206	18,443,237
	<b>19</b>	Revenue less expenses Subtract line 18 from line 12 . . . . .	6,044,106	6,135,903
Net Assets or Fund Balances			<b>Beginning of Current Year</b>	<b>End of Year</b>
	<b>20</b>	Total assets (Part X, line 16) . . . . .	43,383,551	47,043,311
	<b>21</b>	Total liabilities (Part X, line 26) . . . . .	8,230,445	5,004,208
	<b>22</b>	Net assets or fund balances Subtract line 21 from line 20 . . . . .	35,153,106	42,039,103

<b>Part II</b>	<b>Signature Block</b>
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Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

<b>Sign Here</b>	***** Signature of officer			2014-08-08 Date	
	PAUL AINES CFO Type or print name and title				
<b>Paid Preparer Use Only</b>	Prnt/Type preparer's name DEBORAH G KOSNETT		Preparer's signature		Date
	Check <input type="checkbox"/> if self-employed			PTIN P00290720	
	Firm's name ▶ TATE AND TRYON			Firm's EIN ▶ 52-1855942	
	Firm's address ▶ 2021 L STREET NW SUITE 400 WASHINGTON, DC 20036			Phone no (202) 293-2200	

May the IRS discuss this return with the preparer shown above? (see instructions) . . . . . ☒ Yes ☐ No

Part III

Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III

☐

1

Briefly describe the organization's mission

THE CONQUER CANCER FOUNDATION OF THE AMERICAN SOCIETY OF CLINICAL ONCOLOGY (CCF) WAS STARTED BY CANCER DOCTORS OF THE AMERICAN SOCIETY OF CLINICAL ONCOLOGY (ASCO), TO FIGHT AND CONQUER ALL TYPES OF CANCER WORLDWIDE CCF SEEKS DRAMATIC ADVANCES IN THE PREVENTION, TREATMENT AND CURE OF CANCER - ALL TYPES OF CANCER - WHEREVER THEY OCCUR BY FUNDING BREAKTHROUGH RESEARCH, PATIENT INFORMATION, PROFESSIONAL EDUCATION, AND QUALITY IMPROVEMENT PROGRAMS CCF DISTINGUISHES ITSELF THROUGH ITS UNMATCHED REACH AND EXPERTISE ,WE FOCUS ON EVERY MOMENT THAT CANCER TOUCHES PEOPLE'S LIVES, FROM PREVENTION TO END-OF-LIFE CARE, AND WE ADDRESS NEARLY EVERY CANCER TYPE, INCLUDING RARE FORMS CCF DRAWS ON THE EXPERTISE OF THE GLOBAL NETWORK OF ASCO, WITH MORE THAN 35,000 ONCOLOGY PROFESSIONAL MEMBERS WHO TREAT PATIENTS WITH CANCER EVERY DAY AND LEAD THE SEARCH FOR NEW CURES CCF'S PROGRAMS ARE GLOBAL IN SCOPE AND HAVE AN IMPACT ON EVERY PATIENT WHO SEES AN ONCOLOGIST

2

Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

☐ Yes ☒ No

If "Yes," describe these new services on Schedule O

3

Did the organization cease conducting, or make significant changes in how it conducts, any program services?

☐ Yes ☒ No

If "Yes," describe these changes on Schedule O



















4

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

<b>4a</b>	(Code ) (Expenses \$ 9,129,895 including grants of \$ 8,294,955 ) (Revenue \$ )
PROFESSIONAL EDUCATION - WE HELP ONCOLOGISTS WORLDWIDE STAY UP TO DATE ON THE LATEST DEVELOPMENTS AND DISCOVERIES IN CANCER KNOWLEDGE CCF SUPPORTS THE EFFORTS OF ASCO TO PROVIDE THE LATEST KNOWLEDGE AND PROVIDE EDUCATION TO PHYSICIANS, RESEARCHERS AND CAREGIVERS AROUND THE WORLD THIS WORK PROVIDES A DIRECT IMPACT AND BENEFIT TO EVERY CANCER PATIENT IN THE U S AND AROUND THE WORLD FUNDS FROM CCF ARE USED TO SUPPORT ASCO'S COMPREHENSIVE SCIENTIFIC AND EDUCATIONAL PROGRAMS THAT PROVIDE THE LATEST DATA TO CANCER DOCTORS AND OTHER HEALTHCARE PROFESSIONALS WORLDWIDE THROUGH BOTH LIVE MEETINGS AND PRINT AND ELECTRONIC EDUCATION OFFERINGS HIGHLIGHTS OF THE PROFESSIONAL EDUCATIONAL AND SCIENTIFIC MEETINGS SUPPORTED BY CCF AND PRESENTED TO THE PUBLIC IN 2013 INCLUDE THE FOLLOWING * THE ASCO ANNUAL MEETING FEATURED MORE THAN 250 EDUCATIONAL AND SCIENTIFIC SESSIONS OVER 4,700 ABSTRACTS WERE PRESENTED OR PUBLISHED THE ASCO ANNUAL MEETING IS CONSIDERED THE PREMIER EDUCATIONAL AND SCIENTIFIC EVENT IN THE ONCOLOGY COMMUNITY AND ATTRACTS MORE THAN 32,000 ATTENDEES WORLDWIDE THE MEETING IS DESIGNED TO ADVANCE THE EDUCATION OF PHYSICIANS AND OTHER PROFESSIONALS INVOLVED IN MULTIDISCIPLINARY CLINICAL CANCER CARE, TO SUPPORT THE DEVELOPMENT OF CLINICAL CANCER RESEARCHERS AND TO FACILITATE THE DELIVERY OF HIGH-QUALITY HEALTH CARE TO PATIENTS WITH CANCER SCIENTIFIC AND EDUCATIONAL SESSIONS ARE DESIGNED TO PROVIDE MEETING ATTENDEES OPTIMUM LEARNING EXPERIENCES THROUGH DISEASE-SPECIFIC TOPICS AND ONCOLOGY-RELATED SUBJECTS * QUALITY CARE SYMPOSIUM IS A TWO-DAY NATIONAL SYMPOSIUM FOCUSING ON INNOVATIVE STRATEGIES TO ADVANCE THE AREAS OF QUALITY MEASUREMENT, QUALITY IMPROVEMENT, PATIENT OUTCOMES, COMPARATIVE EFFECTIVENESS RESEARCH AND THE ELIMINATION OF DISPARITIES IN THE PREVENTION, DIAGNOSIS AND TREATMENT OF CANCER IN THE UNITED STATES THE OVERARCHING GOAL IS TO IMPROVE THE HEALTH OF ALL INDIVIDUALS WITH CANCER, THOSE AT INCREASED RISK OF DEVELOPING CANCER, AND CANCER SURVIVORS * GASTROINTESTINAL CANCERS (GI) SYMPOSIUM - THE ANNUAL GI SYMPOSIUM IS THE PREMIERE MULTIDISCIPLINARY GI CANCER SCIENTIFIC AND EDUCATIONAL MEETING OFFERING THE MOST UP-TO-DATE STRATEGIES IN PREVENTION, SCREENING, AND TREATMENT OF GASTROINTESTINAL CANCERS THE SYMPOSIUM IS JOINTLY DEVELOPED BY THE AMERICAN GASTROENTEROLOGICAL ASSOCIATION INSTITUTE, ASCO, THE AMERICAN SOCIETY FOR RADIATION ONCOLOGY, AND THE SOCIETY OF SURGICAL ONCOLOGY * GENITOURINARY CANCERS (GU) SYMPOSIUM - THE ANNUAL GU SYMPOSIUM IS THE PREEMINENT GENITOURINARY CANCER SCIENTIFIC AND EDUCATIONAL MEETING PROVIDING THE LATEST STRATEGIES IN SCREENING, DIAGNOSIS, TREATMENT, MANAGEMENT AND CONTROVERSIES IN THE FIELD OF GENITOURINARY CANCERS THE SYMPOSIUM IS JOINTLY DEVELOPED BY ASCO, THE AMERICAN SOCIETY FOR RADIATION ONCOLOGY, AND THE SOCIETY OF UROLOGIC ONCOLOGY * BREAST CANCER (BCS) SYMPOSIUM - THE ANNUAL BREAST CANCER SYMPOSIUM FEATURES PRESENTATIONS ON THE LATEST MULTIDISCIPLINARY RESEARCH FROM SELECTED THEME-BASED TRANSLATIONAL AND CLINICAL ABSTRACTS, AS WELL AS RELATED EDUCATIONAL SESSIONS THIS SYMPOSIUM OFFERS AN OPPORTUNITY FOR CLINICALLY RELEVANT, IN-DEPTH DISCUSSIONS OF HOW AND WHEN TO TRANSLATE NEW FINDINGS INTO PATIENT CARE ULTIMATELY TO IMPROVE OUTCOMES FOR PATIENTS REQUIRING BREAST CANCER THERAPY THE MEETING IS JOINTLY DEVELOPED BY ASCO, THE AMERICAN SOCIETY OF BREAST DISEASE, THE AMERICAN SOCIETY OF BREAST SURGEONS, THE AMERICAN SOCIETY FOR RADIATION ONCOLOGY, THE NATIONAL CONSORTIUM OF BREAST CENTERS, INC , THE SOCIETY OF SURGICAL ONCOLOGY * BEST OF ASCO HELD IN CHICAGO, IL, BOSTON, MA, AND LOS ANGELES, CA- THE BEST OF ASCO MEETING PROGRAM CONDENSES HIGHLIGHTS FROM THE ASCO ANNUAL MEETING INTO A TWO DAY EDUCATIONAL MEETING, WHICH PROVIDES A UNIQUE, INTIMATE FORUM FOR THE PRESENTATION AND DISCUSSION OF THE PRACTICE-CHANGING SCIENCE AND EDUCATIONAL HIGHLIGHTS THAT WERE PRESENTED A PANEL OF ASCO EXPERTS SELECTS ABSTRACTS THAT HIGHLIGHT THE IMPORTANT SCIENTIFIC INFORMATION TO CREATE THE BEST OF ASCO MEETING PROGRAM THIS PROGRAM PROVIDES ACCESS TO THE MOST CUTTING-EDGE, PRACTICE-CHANGING RESEARCH PRESENTED AT THE MEETING IN A RESPONSIBLE, PEER-REVIEWED MANNER * ASCO/AACR METHODS WORKSHOP - THIS INTENSIVE ANNUAL WORKSHOP, IN PARTNERSHIP WITH THE AMERICAN ASSOCIATION FOR CANCER RESEARCH, BRINGS TOGETHER CLINICAL FELLOWS AND JUNIOR FACULTY CLINICAL RESEARCHERS IN ALL CANCER TYPES THE WORKSHOP TEACHES ATTENDEES HOW TO PLAN AND CONDUCT AN EFFECTIVE CLINICAL TRIAL THE OVERALL GOAL OF THE WORKSHOP IS TO INCREASE THE RELIABILITY AND EFFECTIVENESS OF CLINICAL TRIALS ULTIMATELY LEADING TO BETTER PATIENT CARE HIGHLIGHTS OF PRINT AND ELECTRONIC PROFESSIONAL EDUCATION MATERIALS SUPPORTED BY CCF AND AVAILABLE TO THE PUBLIC IN 2013 INCLUDE THE FOLLOWING *PROCEEDINGS - THE PROCEEDINGS PUBLICATIONS FOR THE ASCO ANNUAL MEETING AND SELECT COSPONSORED THEMATIC SYMPOSIA CONTAIN ALL THE ABSTRACTS SELECTED FOR PRESENTATION AT THE LIVE EDUCATIONAL MEETING AND ALLOWS THOSE NOT ABLE TO ATTEND ACCESS TO THE GROUND-BREAKING ABSTRACTS THAT WERE PRESENTED *EDUCATIONAL BOOKS -THE ASCO ANNUAL MEETING EDUCATIONAL BOOK IS THE COMPREHENSIVE RESOURCE FOR EDUCATION SESSION MATERIALS FROM THE ASCO ANNUAL MEETING, ALLOWING THE ENTIRE ONCOLOGY COMMUNITY TO BENEFIT FROM DISCUSSIONS OF CRITICAL RESEARCH UPDATES IN A POINT-OF-CARE CONTEXT MANUSCRIPTS DISCUSS THE CURRENT STANDARDS OF CARE AND EXISTING TECHNOLOGIES BUT ALSO LOOK TOWARD THE FUTURE, DISCUSSING RESEARCH IMPROVEMENTS AND TRENDS AND TREATMENTS STILL ON THE HORIZON *ABSTRACTS ON ASCO ORG - ABSTRACTS ON ASCO ORG PROVIDE THE RESULTS OF THE LATEST CLINICAL CANCER RESEARCH TO HEALTHCARE PROFESSIONALS INVOLVED IN MULTIDISCIPLINARY CLINICAL CANCER CARE THE ABSTRACTS ON ASCO ORG COMPRISE ASCO'S COMPREHENSIVE ONLINE DATABASE OF ONCOLOGY-RELATED RESEARCH ABSTRACTS FROM ASCO SCIENTIFIC AND EDUCATIONAL MEETINGS DATING BACK TO 1995 *VIRTUAL MEETINGS ON ASCO ORG - THE VIRTUAL MEETINGS WEBSITE USES THE LATEST TECHNOLOGY TO PROVIDE THE RESULTS OF THE LATEST CANCER SCIENTIFIC AND EDUCATION INFORMATION TO HEALTHCARE PROFESSIONALS INVOLVED IN CANCER CARE EACH SESSION INCLUDED ON THE VIRTUAL MEETINGS HAS ITS OWN OBJECTIVES VIRTUAL MEETINGS USES THE LATEST TECHNOLOGY TO ALLOW USERS TO VIEW AND REVIEW SESSIONS THE VIRTUAL MEETING FEATURES MORE THAN 25,000 ORAL PRESENTATIONS, ABSTRACTS, AND POSTERS FROM THE ASCO ANNUAL MEETING AND COSPONSORED THEMATIC SYMPOSIA DATING BACK FIVE YEARS - THE MOST COMPREHENSIVE COLLECTION OF ONCOLOGY-RELATED MULTIMEDIA (SLIDES AND AUDIO) LECTURES AVAILABLE ONLINE *ONLINE PORTALS - ASCO WEBSITES PLAY AN IMPORTANT ROLE IN EDUCATING ASCO MEMBERS AS WELL AS THE BROADER CANCER CARE COMMUNITY ASCO'S DISEASE-SPECIFIC "CANCER PORTALS" ARE ORGANIZED THEMATICALLY FOR EASY ACCESS AND USAGE, ARE ACCESSIBLE FROM THE ASCO ORG HOMEPAGE, A DIRECT URL, OTHER AREAS OF THE WEBSITE AND FROM SEARCH QUERY RESULTS THE CANCER PORTALS ARE THE PRODUCT OF A COLLABORATION BETWEEN ASCO, THE JOURNAL OF CLINICAL ONCOLOGY (JCO), THE JOURNAL OF ONCOLOGY PRACTICE (JOP) AND HIGHWIRE PRESS-AN E-PUBLISHING DIVISION OF THE STANFORD UNIVERSITY LIBRARIES, WHICH PRODUCES ONLINE VERSIONS OF PEER-REVIEWED JOURNALS AND SCHOLARLY CONTENT THE INFORMATION GENERATED FROM ASCO'S FAMILY OF WEBSITES TO THE CANCER PORTALS IS TRANSFERRED SEAMLESSLY TO USERS IN AN EASY-TO-BROWSE FORMAT *ASCO UNIVERSITY - ASCO UNIVERSITY IS AN ONLINE PLATFORM THAT PROVIDES EDUCATION FOR ONCOLOGY PROFESSIONALS COURSE CONTENT IS DEVELOPED AND PRESENTED BY RECOGNIZED EXPERTS ASCO UNIVERSITY SERVES AS THE EDUCATIONAL HOME AND SOURCE FOR SELF-DIRECTED LEARNING ACTIVITIES FOR PRACTICING ONCOLOGISTS AND THE NEXT GENERATION OF FELLOWS AND RESIDENTS THE ACTIVITIES ON ASCO UNIVERSITY INCORPORATE FLEXIBLE, ROBUST CURRICULA WITH COLLATERAL PRODUCTS THAT TRANSLATE KEY ADULT LEARNING PRINCIPLES INTO INTERACTIVE EDUCATIONAL EXPERIENCES	
<b>4b</b>	(Code ) (Expenses \$ 6,343,170 including grants of \$ 5,172,487 ) (Revenue \$ )
RESEARCH - IN THIS AGE OF SCIENTIFIC PROMISE, FEDERAL FUNDS FOR CANCER RESEARCH ARE DECLINING FULFILLING THE PROMISE OF TODAY'S ADVANCES REQUIRES FUNDING FOR RESEARCH PROJECTS AND SUPPORT FOR INVESTIGATORS WHO WISH TO PURSUE A CAREER IN CLINICAL AND TRANSLATIONAL CANCER RESEARCH WITHOUT CONTINUED, WELL-TARGETED RESEARCH, THERE WOULD BE NO MEANINGFUL PROGRESS CCF PRIDES ITSELF ON ITS STANDARDS FOR SCIENTIFIC RIGOR, IMPLEMENTING A MULTISTAGE PEER REVIEW PROCESS WITH THE PARTICIPATION OF GLOBALLY RECOGNIZED SCIENTISTS, ONCOLOGISTS, AND BIOSTATISTICIANS IN THE SELECTION OF MERITORIOUS RESEARCH FOR FUNDING SINCE 1984, CCF AND ASCO HAVE FUNDED MORE THAN \$83 MILLION IN CANCER RESEARCH GRANTS TO NEARLY A THOUSAND RECIPIENTS IN 2013, CCF AWARDED 60 RESEARCH GRANTS CCF FUNDS THE ENTIRE SPECTRUM OF RESEARCH ACTIVITIES RELATED TO CANCER PREVENTION, SCREENING, TREATMENT, AND OUTCOMES RESEARCH IN ALL CANCER TYPES, AND SUPPORTS PROGRESS BY FUNDING CANCER RESEARCHERS AT ALL STAGES OF THEIR CAREERS, ENABLING ONCOLOGY'S BEST AND BRIGHTEST TO PURSUE PROMISING RESEARCH EACH YEAR, CCF FUNDS AND AWARDS MULTIPLE RESEARCH GRANTS DESIGNED TO HELP ATTRACT AND RETAIN THE BEST SCIENTIFIC MINDS IN CANCER RESEARCH AND TO SUPPORT THEIR EFFORTS HIGHLIGHTS OF 2013 RESEARCH ACTIVITIES AND ACCOMPLISHMENTS INCLUDE ADVANCED CLINICAL RESEARCH AWARD (ACRA)- \$450,000 PROVIDED ONE (1) THREE-YEAR AWARD INTENDED TO FUND AN INVESTIGATOR COMMITTED TO CLINICAL CANCER RESEARCH AND WHO IS CONDUCTING ORIGINAL RESEARCH IN BREAST CANCER CAREER DEVELOPMENT AWARD (CDA)- \$1,800,000 PROVIDED NINE (9) THREE-YEAR AWARDS INTENDED TO SUPPORT CLINICAL RESEARCH OF CLINICAL INVESTIGATORS WHO HAVE RECEIVED THEIR INITIAL FACULTY APPOINTMENTS AND ARE ESTABLISHING INDEPENDENT CLINICAL CANCER RESEARCH PROGRAMS YOUNG INVESTIGATOR AWARD (YIA)- \$2,400,000 PROVIDED FORTY- EIGHT (48) ONE-YEAR AWARDS DESIGNED TO ENCOURAGE AND PROMOTE HIGH-QUALITY RESEARCH IN CLINICAL ONCOLOGY BY PROVIDING FUNDS TO PROMISING INVESTIGATORS DURING THE TRANSITION FROM A FELLOWSHIP PROGRAM TO A FACULTY APPOINTMENT LONG-TERM INTERNATIONAL FELLOWSHIP (LIFE)- \$230,000 PROVIDED TWO (2) ONE-YEAR FELLOWSHIPS TO EARLY-CAREER ONCOLOGISTS FROM LOW TO MIDDLE INCOME COUNTRIES FOR THE SUPPORT AND RESOURCES NEEDED TO ADVANCE THEIR TRAINING BY DEEPENING THEIR RELATIONSHIPS WITH UNITED STATES OR CANADIAN COLLEAGUES AND THEIR U S OR CANADIAN INSTITUTIONS GIANNI BONADONNA BREAST CANCER RESEARCH FELLOWSHIP- \$50,000 PROVIDED A ONE-YEAR FELLOWSHIP THAT ENABLES AN EARLY-CAREER INVESTIGATOR TO UNDERTAKE A BREAST CANCER PROJECT UNDER THE MENTORSHIP OF THE GIANNI BONADONNA BREAST AWARD RECIPIENT THE JAMES B NACHMAN JUNIOR FACULTY AWARD IN PEDIATRIC ONCOLOGY WAS ESTABLISHED IN MEMORY OF JAMES B NACHMAN, MD, AN INTERNATIONALLY RENOWNED PEDIATRIC CANCER EXPERT AND PEDIATRICS PROFESSOR HE CHAIRED SEVERAL CHILDREN'S ONCOLOGY GROUP NATIONAL STUDY COMMITTEES AND WAS AN AUTHORITY IN THE MEDICAL MANAGEMENT OF CHILDHOOD CANCERS, ESPECIALLY LEUKEMIA AND LYMPHOMA \$3,000 PROVIDED FOR ONE JUNIOR FACULTY MEMBER WITH THE HIGHEST-SCORING ABSTRACT IN PEDIATRIC ONCOLOGY TO PRESENT THE ABSTRACT AT THE ASCO ANNUAL MEETING CLINICAL TRIALS PARTICIPATION AWARD (CTPA)- \$14,000 PROVIDED SEVEN (7) AWARDS THAT PUBLICLY HONOR HIGH-QUALITY, COMMUNITY-BASED ONCOLOGY PRACTICES AND INSTITUTIONS THAT ACTIVELY PARTICIPATE IN CLINICAL TRIALS RESEARCH THIS PROGRAM IS DESIGNED TO ENCOURAGE ONCOLOGY PRACTICES THAT CURRENTLY PARTICIPATE IN CLINICAL TRIALS TO INCREASE THEIR ACCRUAL RATES IN ORDER TO SUPPORT CANCER RESEARCH AND ADVANCES MERIT AWARDS-\$176,000 PROVIDED FOR THE BRADLEY STUART BELLER MERIT AWARD AND 171 OTHER MERIT AWARDS, WHICH PROMOTE CLINICAL RESEARCH BY PROVIDING YOUNG SCIENTISTS WHOSE RESEARCH IS ADDRESSED IN HIGH QUALITY ABSTRACTS SUBMITTED TO ASCO MEETINGS WITH AN OPPORTUNITY TO PRESENT THEIR RESEARCH AND INTERACT WITH OTHER CLINICAL CANCER INVESTIGATORS AT ASCO SCIENTIFIC MEETINGS AND DISEASE-SPECIFIC SYMPOSIA ONCOLOGY TRAINEE TRAVEL AWARDS- \$21,280 PROVIDED FOR NINETEEN (19) TRAVEL AWARDS TO ALLOW FOR THE SUPPORT OF CONTINUING EDUCATION AND PROFESSIONAL DEVELOPMENT OF TRAINEE ONCOLOGISTS BY PROVIDING THEM INDIVIDUAL TRAVEL GRANTS TO DEFRAY TRAVEL EXPENSES FOR ATTENDING THE ASCO ANNUAL MEETING CCF ALSO RAISED FUNDS FOR A NUMBER OF AWARDS PROVIDED BY ASCO IN ORDER TO RECOGNIZE AND ENCOURAGE INDIVIDUALS OR ORGANIZATIONS THAT HAVE MADE SIGNIFICANT CONTRIBUTIONS TO ASCO, THE PRACTICE OF CLINICAL ONCOLOGY, AND CANCER PATIENTS HIGHLIGHTS OF AWARDS SUPPORTED BY THE FOUNDATION IN 2013 INCLUDED GIANNI BONADONNA BREAST CANCER AWARD AND LECTURE- THIS AWARD RECOGNIZED AN ACTIVE CLINICAL OR TRANSLATIONAL RESEARCHER WITH A DISTINGUISHED RECORD OF ACCOMPLISHMENTS IN ADVANCING THE FIELD OF BREAST CANCER AS WELL AS EXCEPTIONAL MENTORING ABILITIES THE AWARD WINNER GAVE A LECTURE DURING THE BREAST CANCER SYMPOSIUM BJ KENNEDY AWARD AND LECTURE- THIS AWARD RECOGNIZED A GERIATRIC ONCOLOGIST WHO HAS DEMONSTRATED OUTSTANDING LEADERSHIP AND ACHIEVEMENT IN THE FIELD OF GERIATRIC ONCOLOGY THE AWARD WINNER GAVE A LECTURE DURING THE ASCO ANNUAL MEETING AMERICAN CANCER SOCIETY AWARD AND LECTURE - THIS AWARD RECOGNIZED AN ONCOLOGIST THAT HAS MADE A SIGNIFICANT CONTRIBUTION TO CANCER PREVENTION AND CONTROL RESEARCH OR PRACTICE THE AWARD IS JOINTLY SUPPORTED BY THE AMERICAN CANCER SOCIETY THE AWARD WINNER GAVE A LECTURE DURING THE ASCO ANNUAL MEETING	
<b>4c</b>	(Code ) (Expenses \$ 194,510 including grants of \$ 187,000 ) (Revenue \$ )
QUALITY AND ACCESS TO CARE - REMARKABLE ADVANCES IN CANCER MEDICINE ARE OCCURRING MORE AND MORE FREQUENTLY, YET THE FULL PROMISE OF SUCH PROGRESS CANNOT BE REALIZED UNTIL HIGH-QUALITY CANCER CARE IS AVAILABLE TO EVERYONE CCF IS KEENLY AWARE OF THE POTENTIALLY FATAL DIVIDE BETWEEN THOSE WITH ACCESS TO THE FRUITS OF RESEARCH AND TIMELY CARE AND THOSE WITHOUT WE SEEK TO CONFRONT THESE DISPARITIES AND IMPROVE THE OUTLOOK FOR EVERY PERSON TOUCHED BY CANCER BY SUPPORTING PROGRAMS THAT INCREASE ACCESS TO CARE IN ALL COMMUNITIES, INCLUDING THOSE UNDERSERVED THE QUALITY AND ACCESS TO CARE PROGRAMS AND INITIATIVES SUPPORTED BY CCF IN 2013 INCLUDE THE FOLLOWING CANCERLINQ, THIS GROUND-BREAKING HEALTH INFORMATION TECHNOLOGY INITIATIVE WILL UNLOCK AND ANALYZE CANCER CARE DATA, FEEDING NEAR REAL-TIME CONCLUSIONS AND GUIDANCE BACK TO PHYSICIANS CANCERLINQ WILL ACHIEVE HIGHER QUALITY, HIGHER-VALUE CANCER CARE WITH BETTER OUTCOMES FOR PATIENTS THIS EFFORT IS INTENDED TO TRANSFORM THE WAY ONCOLOGISTS PRACTICE, LEARN, AND INTERACT WITH THEIR PATIENTS STATE/REGIONAL AFFILIATE PROGRAM - THE ASCO STATE/REGIONAL AFFILIATE PROGRAM IS DESIGNED TO ADDRESS ISSUES IN THE PRACTICE OF ONCOLOGY ON THE LOCAL LEVEL THE PROGRAM INCLUDES FACILITATION OF INTERACTION AMONG ASCO AND 48 STATE OR REGIONAL ONCOLOGY SOCIETIES THAT HAVE ACCESS TO THE SOCIETY'S EXPERTISE AND GUIDANCE ON WAYS TO STRENGTHEN THEIR ORGANIZATIONS, ENHANCE THEIR EDUCATIONAL ACTIVITIES, AND PROVIDE ADVOCACY SUPPORT, EDUCATION AND RESOURCES ON PRACTICE-RELATED ISSUES, AND A WEBSITE DEVELOPMENT TOOL DIVERSITY IN ONCOLOGY INITIATIVE - THE CCF GRANTS AND AWARDS PROGRAM PROVIDES FUNDING FOR DIFFERENT TYPES OF AWARD OPPORTUNITIES FOR ONCOLOGY FELLOWS, CLINICAL PRACTICES, AND INTERNATIONAL RESEARCHERS ONE OF THE PROGRAMS OFFERED THROUGH CCF IS THE DIVERSITY IN ONCOLOGY INITIATIVE THE DIVERSITY IN ONCOLOGY INITIATIVE WAS STRUCTURED TO FACILITATE THE RECRUITMENT AND RETENTION OF INDIVIDUALS FROM POPULATIONS UNDERREPRESENTED IN MEDICINE TO CANCER CAREERS, WITH PARTICULAR ATTENTION TO THE DEVELOPMENT OF CLINICAL PRACTITIONERS AND INVESTIGATORS IN 2013, \$111,000 PROVIDED TWO PROGRAMS FOR INDIVIDUALS INTERESTED OR CURRENTLY PRACTICING IN THE ONCOLOGY FIELD MEDICAL STUDENT ROTATION - THE MEDICAL STUDENT ROTATION (MSR), PROVIDES 8- TO 10-WEEK CLINICAL OR CLINICAL RESEARCH ONCOLOGY ROTATIONS FOR U S MEDICAL STUDENTS FROM POPULATIONS UNDERREPRESENTED IN MEDICINE WHO ARE INTERESTED IN PURSUING ONCOLOGY AS A CAREER IN 2013, \$102,000 PROVIDED 12 MSRS RESIDENT TRAVEL AWARD - THE RESIDENT TRAVEL AWARD PROVIDES FINANCIAL SUPPORT FOR RESIDENTS FROM UNDERREPRESENTED POPULATIONS TO ATTEND ASCO'S ANNUAL MEETING THE INTENTION OF THIS AWARD IS TO ATTRACT RESIDENTS FROM UNDERREPRESENTED POPULATIONS TO A POSSIBLE CAREER IN ONE OF THE ONCOLOGY SPECIALTIES THIS TRAVEL AWARD WILL ALLOW THE RECIPIENTS TO TRAVEL TO THE ASCO ANNUAL MEETING, WHERE THEY WILL HAVE AN OPPORTUNITY TO MEET ONCOLOGISTS AND TO UNDERSTAND THE CAREER POSSIBILITIES IN THE AREA IN 2013, \$9,000 FUNDED 6 RTAS ALTHOUGH A NUMBER OF PROGRAMS EXIST TO RECRUIT INDIVIDUALS UNDERREPRESENTED IN MEDICINE, FEW OF THESE PROGRAMS FOCUS SPECIFICALLY ON RECRUITMENT TO CLINICAL ONCOLOGY ULTIMATELY, IT IS HOPED THAT INCREASING DIVERSITY IN THE CLINICAL ONCOLOGY PROFESSION WILL LEAD TO INCREASED AND IMPROVED CANCER CARE FOR UNDERSERVED POPULATIONS AS WELL AS INCREASED RESEARCH ON HEALTH DISPARITIES	
	(Code ) (Expenses \$ 337,610 including grants of \$ 141,907 ) (Revenue \$ )
PATIENT EDUCATION AND INFORMATION - WELL-INFORMED, EDUCATED PATIENTS ARE THEIR OWN BEST ADVOCATES, AS WELL AS INVALUABLE PARTNERS FOR DOCTORS CCF SUPPORTS PROGRAMS AND ACCURATE, DOCTOR-APPROVED CANCER INFORMATION AND RESOURCES BOTH IN PRINT AND ONLINE, THAT EDUCATE PATIENTS AND THE PUBLIC ABOUT CANCER CARE, TREATMENT, RESEARCH, PREVENTION, AND OTHER ISSUES IMPORTANT TO THE CANCER COMMUNITY FUNDING IN THIS AREA ALLOWS CCF TO CONTINUE AND EXPAND OUR WORK TO INFORM PATIENTS HIGHLIGHTS OF PATIENT EDUCATION AND INFORMATION PROGRAMS AND ACTIVITIES SUPPORTED BY CCF IN 2013 INCLUDE THE FOLLOWING PATIENT ADVOCATE SCHOLARSHIP PROGRAM- THE PATIENT ADVOCATE SCHOLARSHIP PROGRAM PROVIDES TRAVEL GRANTS TO A SELECT NUMBER OF PATIENT ADVOCATES TO ATTEND THE ASCO ANNUAL MEETING AND COSPONSORED THEMATIC MEETINGS IN 2013, \$181,850 IN FUNDING ALLOWED 111 PATIENT ADVOCATES TO ATTEND THE ASCO ANNUAL MEETING AND COSPONSORED THEMATIC MEETINGS CANCER NET- CANCER NET BRINGS THE EXPERTISE AND RESOURCES OF ASCO TO PEOPLE LIVING WITH CANCER AND THOSE WHO CARE FOR AND CARE ABOUT THEM THE WEBSITE PROVIDES TIMELY, COMPREHENSIVE INFORMATION TO HELP PATIENTS AND FAMILIES MAKE INFORMED HEALTH CARE DECISIONS ALL CONTENT IS SUBJECT TO A FORMAL PEER-REVIEW PROCESS BY THE CANCER NET EDITORIAL BOARD, COMPOSED OF MORE THAN 150 MEDICAL, SURGICAL, RADIATION, AND PEDIATRIC ONCOLOGISTS, PHYSICIAN ASSISTANTS, ONCOLOGY NURSES, SOCIAL WORKERS, AND PATIENT ADVOCATES AND INCLUDES PEER-REVIEWED INFORMATION ON MORE THAN 124 TYPES OF CANCER AND SYNDROMES, INCLUDING RISK FACTORS, DIAGNOSIS, FINDING AN ONCOLOGIST, TREATMENT, MANAGING SIDE EFFECTS, CLINICAL TRIALS AFTER TREATMENT, CAREGIVING, COPING STRATEGIES, AND SURVIVORSHIP INFORMATION IS DELIVERED IN WRITTEN ARTICLES, VIDEOS, AND AUDIO PODCASTS THIS INFORMATION IS MADE AVAILABLE FREE TO THE PUBLIC IN 2013, THERE WERE MORE THAN 7,000,000 VISITS AND MORE THAN 16,000,000 PAGE VIEWS OF CANCER NET CCF CONTINUES TO SUPPORT THE PRODUCTION OF ASCO'S PRINTED PATIENT INFORMATION MATERIALS, SUCH AS ASCO ANSWERS FACT SHEETS- ASCO ANSWERS IS A SERIES OF FACT SHEETS THAT PROVIDE AN INTRODUCTION TO A SPECIFIC TYPE OF CANCER OR CANCER-RELATED TOPIC CURRENT DISEASE-SPECIFIC FACT SHEETS INCLUDE BREAST, COLORECTAL, LUNG, AND PROSTATE CANCERS AND ARE ALSO AVAILABLE IN SPANISH EACH FACT SHEET INCLUDES AN OVERVIEW OF THE SUBJECT, TERMS TO KNOW, AND QUESTIONS TO ASK THE DOCTOR PATIENT GUIDES- PATIENT GUIDES ARE PRINTED BOOKLETS CONTAINING COMPREHENSIVE CANCER INFORMATION, INCLUDING AN OVERVIEW OF SPECIFIC CANCER TYPES, SYMPTOMS, DIAGNOSIS, STAGING, TREATMENT, CLINICAL TRIALS, AND AFTER TREATMENT ONCOLOGY PROFESSIONALS AND PATIENTS EXPLORE THESE CANCER-SPECIFIC BOOKLETS TOGETHER AFTER A DIAGNOSIS OF CANCER THERE ARE BOOKLETS FOR THE FOUR MOST COMMON TYPES OF CANCER IN THE UNITED STATES BREAST, COLORECTAL, LUNG, PROSTATE AND ARE AVAILABLE IN ENGLISH AND SPANISH INTERNATIONAL PROGRAMS - ASCO AND THE CONQUER CANCER FOUNDATION SHARE AN INTERNATIONAL MISSION TO ENGAGE THE PHYSICIAN AND HEALTHCARE PROFESSIONAL COMMUNITY ON A GLOBAL SCALE TO IMPROVE CARE TO CANCER PATIENTS AND ENHANCE THE EXCHANGE OF KNOWLEDGE TO FACILITATE ADVANCES IN THE CARE OF PEOPLE WITH CANCER EVERYWHERE CCF FUNDS SUPPORT INTERNATIONAL PROGRAMS INCLUDING EDUCATION, FELLOWSHIP AND GRANT OPPORTUNITIES TO ENABLE ONCOLOGISTS FROM OPPOSITE ENDS OF THE WORLD TO SHARE IDEAS AND BUILD LASTING COLLABORATIONS THAT CAN ENHANCE PATIENT CARE LOCALLY AND GLOBALLY CCF SUPPORTS THESE PROGRAMS THROUGH ITS INTERNATIONAL PROGRAM MISSION AS WELL AS THROUGH CCF'S OTHER MISSION AREAS (RESEARCH, PROFESSIONAL EDUCATION, PATIENT EDUCATION AND INFORMATION AND QUALITY AND ACCESS TO CARE) CCF FUNDS SPECIFICALLY SUPPORTING INTERNATIONAL ACTIVITIES INCLUDE THE FOLLOWING INTERNATIONAL DEVELOPMENT AND EDUCATION AWARD (IDEA)-THE INTERNATIONAL DEVELOPMENT AND EDUCATION AWARD PROVIDES SUPPORT FOR ONCOLOGISTS IN DEVELOPING COUNTRIES TO PARTICIPATE IN THE ASCO ANNUAL MEETING AND VISIT A CANCER CENTER IN THE UNITED STATES OR CANADA THIS AWARD WAS DESIGNED TO PROVIDE CONTINUING MEDICAL EDUCATION, ASSIST IN CAREER DEVELOPMENT AND HELP TO ESTABLISH STRONG RELATIONSHIPS WITH LEADING ASCO MEMBERS WHO SERVE AS SCIENTIFIC MENTORS TO EACH RECIPIENT ADVANCED CANCER COURSES (ACC)-THE ADVANCED CANCER COURSES ARE CAREFULLY DESIGNED TO FILL THE NEED FOR ADVANCED LEARNING FOR INTERNATIONAL ONCOLOGISTS THESE COURSES CAN BE CHOSEN FROM ASCO'S PORTFOLIO OF EDUCATIONAL PRODUCTS, OR DEVELOPED WITH THE COLLABORATION OF VOLUNTEER ONCOLOGISTS MULTIDISCIPLINARY CANCER MANAGEMENT COURSES- MANY PATIENTS WITH CANCER AROUND THE WORLD SUFFER FROM LACK OF ACCESS TO CANCER SPECIALISTS THIS NEED IS ACUTE IN LOW-TO-MIDDLE INCOME COUNTRIES WHERE LACK OF RESOURCES RESULT IN LARGE PATIENT LOADS, STRETCHED FACILITIES AND INADEQUATE SUPPORT FOR ONCOLOGISTS ASCO INTERNATIONAL'S MULTIDISCIPLINARY CANCER MANAGEMENT COURSES (MCMCS) TEACH THE VALUE OF INTERDISCIPLINARY MANAGEMENT OF CANCER TO ACHIEVE OPTIMAL OUTCOMES FOR PATIENTS THE COURSES PROVIDE FUNDAMENTAL TRAINING FOR PHYSICIANS, NURSES, PATHOLOGISTS AND RESIDENTS IN COUNTRIES WHERE PATIENTS WITH CANCER ARE FREQUENTLY SEEN BY NON-SPECIALISTS MCMCS TEACH MULTIDISCIPLINARY MANAGEMENT OF THE MOST PREVALENT CANCER TYPES IN THE HOST COUNTRY AND CENTER THE LEARNING ON PATIENTS' CONTENT AND TOPICS ARE TAILORED BASED ON THE NEEDS AND INTEREST OF EACH AUDIENCE AND CAN INCLUDE BREAST, COLON, ANAL CANAL, RECTAL, LUNG, PROSTATE AND HEAD AND NECK CANCERS, AMONG OTHERS SINCE 2004, NEARLY 3,000 CLINICIANS AND HEALTH CARE WORKERS HAVE PARTICIPATED IN THESE COURSES IN OVERALL COURSE EVALUATIONS, 70% OF PARTICIPANTS HAVE REPORTED CHANGING PRACTICE AND 87% OF PARTICIPANTS ARE MORE CONFIDENT IN THEIR CARE OF PATIENTS	
<b>4d</b>	Other program services (Describe in Schedule O ) (Expenses \$ 337,610 including grants of \$ 141,907 ) (Revenue \$ )
<b>4e</b>	<b>Total program service expenses</b> 16,005,185

Part IV

Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A 	1 Yes	
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 	2 Yes	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3	No
4 <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	No
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	No
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I 	6	No
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II 	7	No
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 	8	No
9 Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV 	9	No
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 	10 Yes	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI 	11a	No
b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 	11b	No
c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 	11c	No
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX 	11d	No
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 	11e Yes	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 	11f Yes	
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII 	12a Yes	
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 	12b Yes	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	No
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a	No
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV 	14b Yes	
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV 	15 Yes	
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV 	16 Yes	
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17	No
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	No
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19	No
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	No
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	

Part IV

Checklist of Required Schedules (continued)

21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> . . . . .	21	Yes	
22	Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> . . . . .	22	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> . . . . .	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i> . . . . .	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . .	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? . . . . .	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . .	24d		
25a	<b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> . . . . .	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i> . . . . .	25b		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If so, complete Schedule L, Part II</i> . . . . .	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i> . . . . .	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	28b		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i> . . . .	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> . . .	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> . . . . .	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> . . . . .	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> . . . . .	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> . . . . .	33		No
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> . . . . .	34	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . .	35b		
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> . . .	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O . . . . .	38	Yes	

Part V

Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V

☐

		Yes	No			
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.	1a	147			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	1b	0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes			
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return.	2a	0			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).	2b				
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a				No
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O.	3b				
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a				No
b	If "Yes," enter the name of the foreign country: _____ See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.					
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a				No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b				No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c				
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a				No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b				
7	<b>Organizations that may receive deductible contributions under section 170(c).</b>					
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	Yes			
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Yes			
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c				No
d	If "Yes," indicate the number of Forms 8282 filed during the year.	7d				
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e				No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f				No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g				
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h				
8	<b>Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8				
9	<b>Sponsoring organizations maintaining donor advised funds.</b>					
a	Did the organization make any taxable distributions under section 4966?	9a				
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b				
10	<b>Section 501(c)(7) organizations.</b> Enter					
a	Initiation fees and capital contributions included on Part VIII, line 12.	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.	10b				
11	<b>Section 501(c)(12) organizations.</b> Enter					
a	Gross income from members or shareholders.	11a				
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).	11b				
12a	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	12a				
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	12b				
13	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>					
a	Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O.	13a				
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.	13b				
c	Enter the amount of reserves on hand.	13c				
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a				No
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.	14b				

Part VI

Governance, Management, and Disclosure

For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Check if Schedule O contains a response or note to any line in this Part VI

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	14	
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O		
b	Enter the number of voting members included in line 1a, above, who are independent	13	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3	No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5	No
6	Did the organization have members or stockholders?	6	No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	Yes
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	Yes
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
a	The governing body?	8a	Yes
b	Each committee with authority to act on behalf of the governing body?	8b	Yes
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	No

Section B. Policies

(This Section B requests information about policies not required by the Internal Revenue Code.)

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes
13	Did the organization have a written whistleblower policy?	13	Yes
14	Did the organization have a written document retention and destruction policy?	14	Yes
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a	The organization's CEO, Executive Director, or top management official	15a	Yes
b	Other officers or key employees of the organization	15b	Yes
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a	No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b	

Section C. Disclosure

17	List the States with which a copy of this Form 990 is required to be filed	AL, AK, AZ, AR, CA, CO, CT, FL, GA, HI, IL, KS, KY, MD, MA, ME, MI, MN, MS, MO, NH, NJ, NM, NY, NC, ND, OH, OK, OR, PA, RI, SC, TN, UT, VA, WA, WV, WI
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.	<input checked="" type="checkbox"/> Own website <input type="checkbox"/> Another's website <input type="checkbox"/> Upon request <input type="checkbox"/> Other (explain in Schedule O)
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year	
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization	PAUL AINES CFOSAME ASC ABOVE ALEXANDRIA, VA 22314 (571) 483-1300

Part VII

Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

**1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

☐ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099- MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) W CHARLES PENLEY MD FASCO CHAIR	1 00 1 00	X		X				0	0	0
(2) GABRIEL N HORTOBAGYI MDFACPFASCO TREASURER	1 00	X		X				0	0	0
(3) JOHN H GLICK MD FASCO SECRETARY	1 00	X		X				0	0	0
(4) ALLEN S LICHTER MD FASCO CEO	4 00 33 50	X		X				0	784,820	19,955
(5) NANCY DALY MS MPH EXECUTIVE DIRECTOR	37 50	X		X				0	231,000	28,773
(6) CLIFFORD HUDIS MD FACP ASCO PRESIDENT	1 00 1 00	X						0	0	0
(7) LAWRENCE H EINHORN MD FASCO BOARD MEMBER	1 00	X						0	0	0
(8) IRA M ELEGANT ESQ BOARD MEMBER	1 00	X						0	0	0
(9) MARTIN MURPHY DMEDSC PHD FASCO BOARD MEMBER	1 00	X						0	0	0
(10) MICHAEL GORDON JD BOARD MEMBER	1 00	X						0	0	0
(11) STEVEN ROSEN MD FACP BOARD MEMBER	1 00	X						0	0	0
(12) SANDRA SWAIN MD FACP BOARD MEMBER	1 00	X						0	0	0
(13) BETH Y KARLAN MD BOARD MEMBER	1 00	X						0	0	0
(14) THOMAS A MARSLAND MD FASCO BOARD MEMBER	1 00	X						0	0	0
(15) ROBERT J MAYER MD FASCO BOARD MEMBER	1 00	X						0	0	0
(16) THOMAS G ROBERTS JR MD BOARD MEMBER	1 00	X						0	0	0
(17) PAUL AINES CPA CFO	4 00 33 50			X				0	317,000	35,301



## Part VII

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
<b>1b Sub-Total . . . . .</b>										
<b>c Total from continuation sheets to Part VII, Section A . . . . .</b>										
<b>d Total (add lines 1b and 1c) . . . . .</b>								0	1,332,820	84,029

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 0

		Yes	No
3	Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> . . . . .	3	No
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i> . . . . .	4	Yes
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i> . . . . .	5	No

## **Section B. Independent Contractors**

**1** Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ►0

Part VIII

Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns . . . . .	1a9,302			
	b	Membership dues . . . . .	1b			
	c	Fundraising events . . . . .	1c			
	d	Related organizations . . . . .	1d2,339,996			
	e	Government grants (contributions)	1e			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f20,322,052			
	g	Noncash contributions included in lines 1a-1f \$	4,984			
	h	Total. Add lines 1a-1f . . . . .		22,671,350		
Program Service Revenue	2a		Business Code			
	b					
	c					
	d					
	e					
	f	All other program service revenue				
	g	Total. Add lines 2a-2f . . . . .				
	Other Revenue	3	Investment income (including dividends, interest, and other similar amounts) . . . . .	927,925		
4		Income from investment of tax-exempt bond proceeds . . . . .				
5		Royalties . . . . .				
6a		Gross rents	(i) Real	(ii) Personal		
b		Less rental expenses				
c		Rental income or (loss)				
d		Net rental income or (loss) . . . . .				
7a		Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other		
b		Less cost or other basis and sales expenses	21,144,213			
c		Gain or (loss)	20,164,348			
d		Net gain or (loss) . . . . .	979,865			979,865
8a		Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18 . . . . .	a			
b		Less direct expenses . . . . .	b			
c		Net income or (loss) from fundraising events . . . . .				
9a		Gross income from gaming activities See Part IV, line 19 . . . . .	a			
b		Less direct expenses . . . . .	b			
c		Net income or (loss) from gaming activities . . . . .				
10a		Gross sales of inventory, less returns and allowances . . . . .	a			
b		Less cost of goods sold . . . . .	b			
c		Net income or (loss) from sales of inventory . . . . .				
		Miscellaneous Revenue	Business Code			
11a						
b						
c						
d	All other revenue . . . . .					
e	Total. Add lines 11a-11d . . . . .					
12	Total revenue. See Instructions . . . . .		24,579,140	0	0	1,907,790

Part IX

Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any line in this Part IX

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States. See Part IV, line 21.	13,303,709	13,303,709		
2	Grants and other assistance to individuals in the United States. See Part IV, line 22.	314,780	314,780		
3	Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16.	177,860	177,860		
4	Benefits paid to or for members.				
5	Compensation of current officers, directors, trustees, and key employees.				
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).				
7	Other salaries and wages.				
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions).				
9	Other employee benefits.				
10	Payroll taxes.				
11	Fees for services (non-employees):				
a	Management.	3,085,127	1,675,326	292,037	1,117,764
b	Legal.	22,455		22,455	
c	Accounting.				
d	Lobbying.				
e	Professional fundraising services. See Part IV, line 17.				
f	Investment management fees.	177,588		177,588	
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).	229,240		108,930	120,310
12	Advertising and promotion.				
13	Office expenses.	66,459		60,049	6,410
14	Information technology.	125,329	81	7,275	117,973
15	Royalties.				
16	Occupancy.	295,032		295,032	
17	Travel.	294,051	55,883	165,490	72,678
18	Payments of travel or entertainment expenses for any federal, state, or local public officials.				
19	Conferences, conventions, and meetings.	154,922	8,110	84,081	62,731
20	Interest.				
21	Payments to affiliates.				
22	Depreciation, depletion, and amortization.				
23	Insurance.				
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O):				
a	POSTAGE	116,649	1,490	39,776	75,383
b	DUES & SUBSCRIPTIONS	55,834		54,437	1,397
c	BANK & CREDIT CARD FEES	24,202		24,202	
d	ALLOCATION OF ADMINISTR	0	467,946	-780,156	312,210
e	All other expenses				
25	Total functional expenses. Add lines 1 through 24e.	18,443,237	16,005,185	551,196	1,886,856
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

Part X

Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X

						(A)		(B)
						Beginning of year		End of year
Assets	1	Cash—non-interest-bearing . . . . .				1,688,633	1	3,786,795
	2	Savings and temporary cash investments . . . . .				818,610	2	950,756
	3	Pledges and grants receivable, net . . . . .				8,963,175	3	8,054,407
	4	Accounts receivable, net . . . . .					4	
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L . . . . .					5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L . . . . .					6	
	7	Notes and loans receivable, net . . . . .					7	
	8	Inventories for sale or use . . . . .					8	
	9	Prepaid expenses and deferred charges . . . . .				47,886	9	48,136
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a			10c		
	b	Less accumulated depreciation . . . . .	10b					
	11	Investments—publicly traded securities . . . . .				31,865,247	11	34,203,217
	12	Investments—other securities See Part IV, line 11 . . . . .					12	
	13	Investments—program-related See Part IV, line 11 . . . . .					13	
	14	Intangible assets . . . . .					14	
	15	Other assets See Part IV, line 11 . . . . .					15	
	16	Total assets. Add lines 1 through 15 (must equal line 34) . . . . .				43,383,551	16	47,043,311
Liabilities	17	Accounts payable and accrued expenses . . . . .				4,825,295	17	3,804,205
	18	Grants payable . . . . .					18	
	19	Deferred revenue . . . . .				1,027,475	19	686,647
	20	Tax-exempt bond liabilities . . . . .					20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D . . . . .					21	
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L . . . . .					22	
	23	Secured mortgages and notes payable to unrelated third parties . . . . .					23	
	24	Unsecured notes and loans payable to unrelated third parties . . . . .					24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D . . . . .				2,377,675	25	513,356
	26	Total liabilities. Add lines 17 through 25 . . . . .				8,230,445	26	5,004,208
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.							
	27	Unrestricted net assets . . . . .				23,413,565	27	28,184,088
	28	Temporarily restricted net assets . . . . .				9,135,100	28	9,930,574
	29	Permanently restricted net assets . . . . .				2,604,441	29	3,924,441
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.							
	30	Capital stock or trust principal, or current funds . . . . .					30	
	31	Paid-in or capital surplus, or land, building or equipment fund . . . . .					31	
	32	Retained earnings, endowment, accumulated income, or other funds . . . . .					32	
	33	Total net assets or fund balances . . . . .				35,153,106	33	42,039,103
	34	Total liabilities and net assets/fund balances . . . . .				43,383,551	34	47,043,311

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	24,579,140
2	Total expenses (must equal Part IX, column (A), line 25)	2	18,443,237
3	Revenue less expenses Subtract line 2 from line 1	3	6,135,903
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	35,153,106
5	Net unrealized gains (losses) on investments	5	498,041
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	252,053
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	42,039,103

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line in this Part XII

		Yes	No
1	Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		No
2b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input checked="" type="checkbox"/> Both consolidated and separate basis	Yes	
2c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	Yes	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		No
3b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		

SCHEDULE A

(Form 990 or 990EZ)

Department of the  
Treasury  
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

- ▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.
- ▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

2013

Open to Public  
Inspection

Name of the organization CONQUER CANCER FOUNDATION OF THE AMERICAN SOCIETY OF CLINICAL ONCOLOGY	Employer identification number 31-1667995
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Part I

Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is (For lines 1 through 11, check only one box )

- 1

☐

A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2

☐

A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E )
- 3

☐

A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4

☐

A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state \_\_\_\_\_
- 5

☐

An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II )
- 6

☐

A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7

☒

An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II )
- 8

☐

A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II )
- 9

☐

An organization that normally receives (1) more than 33<sup>1</sup>/<sub>3</sub>% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33<sup>1</sup>/<sub>3</sub>% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III )
- 10

☐

An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**
- 11

☐

An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h  

a

☐

Type I

b

☐

Type II

c

☐

Type III - Functionally integrated

d

☐

Type III - Non-functionally integrated

e

☐

By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)

f

☐

If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box

g

☐

Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?  

(i)

A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?

(ii)

A family member of a person described in (i) above?

(iii)

A 35% controlled entity of a person described in (i) or (ii) above?

h

☐

Provide the following information about the supported organization(s)

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of monetary support
			Yes	No	Yes	No	Yes	No	
Total									

Part II

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)  
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	24,169,849	24,400,007	23,206,830	25,403,476	24,662,684	121,842,846
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	24,169,849	24,400,007	23,206,830	25,403,476	24,662,684	121,842,846
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						39,025,516
6 Public support. Subtract line 5 from line 4						82,817,330

Section B. Total Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7 Amounts from line 4	24,169,849	24,400,007	23,206,830	25,403,476	24,662,684	121,842,846
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	195,182	136,059	595,807	925,158	927,924	2,780,130
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV )						
11 Total support (Add lines 7 through 10)						124,622,976
12 Gross receipts from related activities, etc (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here . . . . .						▶

Section C. Computation of Public Support Percentage		
14 Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f))	14	66 450 %
15 Public support percentage for 2012 Schedule A, Part II, line 14	15	61 030 %
16a 33 1/3% support test—2013. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	▶	
b 33 1/3% support test—2012. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	▶	
17a 10%-facts-and-circumstances test—2013. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization	▶	
b 10%-facts-and-circumstances test—2012. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization	▶	
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	▶	

Part IIISupport Schedule for Organizations Described in Section 509(a)(2)  
(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6.)						

Section B. Total Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here ▶						

Section C. Computation of Public Support Percentage		
15 Public support percentage for 2013 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2012 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage		
17 Investment income percentage for 2013 (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from 2012 Schedule A, Part III, line 17	18	
19a 33 1/3% support tests—2013. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ▶		
b 33 1/3% support tests—2012. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ▶		
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶		



**Part IV** **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Return Reference	Explanation	
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SCHEDULE D  
(Form 990)

Supplemental Financial Statements

OMB No 1545-0047

2013

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b

► Attach to Form 990. ► See separate instructions. ► Information about Schedule D (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Name of the organization CONQUER CANCER FOUNDATION OF THE AMERICAN SOCIETY OF CLINICAL ONCOLOGY	Employer identification number 31-1667995
--	--

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate contributions to (during year)	
3	Aggregate grants from (during year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>	
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>	

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

1

Purpose(s) of conservation easements held by the organization (check all that apply)

☐ Preservation of land for public use (e g , recreation or education) ☐ Preservation of an historically important land area

☐ Protection of natural habitat ☐ Preservation of a certified historic structure

☐ Preservation of open space

2

Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

	Held at the End of the Year
a	Total number of conservation easements
b	Total acreage restricted by conservation easements
c	Number of conservation easements on a certified historic structure included in (a)
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register

3

Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ►

4

Number of states where property subject to conservation easement is located ►

5

Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

☐ Yes ☐ No

6

Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ►

7

Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ► \$

8

Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

☐ Yes ☐ No

9

In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a

If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items

b

If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i)

Revenues included in Form 990, Part VIII, line 1

► \$

(ii)

Assets included in Form 990, Part X

► \$

2

If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

a

Revenues included in Form 990, Part VIII, line 1

► \$

b

Assets included in Form 990, Part X

► \$

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Cat No 52283D

Schedule D (Form 990) 2013

Part III

Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

- 3

Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)

a

☐ Public exhibition

b

☐ Scholarly research

c

☐ Preservation for future generations

d

☐ Loan or exchange programs

e

☐ Other
- 4

Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII
- 5

During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

☐ Yes

☐ No

Part IV

Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a

Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?

☐ Yes

☐ No
- b

If "Yes," explain the arrangement in Part XIII and complete the following table

	Amount
1c	
1d	
1e	
1f	
- 2a

Did the organization include an amount on Form 990, Part X, line 21?

☐ Yes

☐ No
- b

If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided in Part XIII

☐

Part V

Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a)Current year	(b)Prior year	b (c)Two years back	(d)Three years back	(e)Four years back
1a Beginning of year balance . . . . .	2,605,326	82,699	82,241	116,963	103,356
b Contributions . . . . .	1,320,000	2,517,200	5,000	15,930	14,492
c Net investment earnings, gains, and losses	107,969	7,627	-2,594	1,348	1,115
d Grants or scholarships . . . . .	2,200	2,200	1,948	52,000	2,000
e Other expenditures for facilities and programs . . . . .					
f Administrative expenses . . . . .					
g End of year balance . . . . .	4,031,095	2,605,326	82,699	82,241	116,963

- 2

Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as

a

Board designated or quasi-endowment

b

Permanent endowment 100 000 %

c

Temporarily restricted endowment

The percentages in lines 2a, 2b, and 2c should equal 100%

3a

Are there endowment funds not in the possession of the organization that are held and administered for the organization by

(i) unrelated organizations

3a(i)

Yes

No

(ii) related organizations

3a(ii)

Yes

No

b

If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

3b

Yes

No

4

Describe in Part XIII the intended uses of the organization's endowment funds

Part VI

Land, Buildings, and Equipment. Complete if the organization answered 'Yes' to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land . . . . .				
b Buildings . . . . .				
c Leasehold improvements . . . . .				
d Equipment . . . . .				
e Other . . . . .				
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				0

Schedule D (Form 990) 2013



Part XI

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements . . . . .	1	24,899,593
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments . . . . .	2a	498,041
b	Donated services and use of facilities . . . . .	2b	
c	Recoveries of prior year grants . . . . .	2c	
d	Other (Describe in Part XIII ) . . . . .	2d	
e	Add lines 2a through 2d . . . . .	2e	498,041
3	Subtract line 2e from line 1 . . . . .	3	24,401,552
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
a	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	4a	177,588
b	Other (Describe in Part XIII ) . . . . .	4b	
c	Add lines 4a and 4b . . . . .	4c	177,588
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12 ) . . . . .	5	24,579,140

Part XII

Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements . . . . .	1	18,013,596
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities . . . . .	2a	
b	Prior year adjustments . . . . .	2b	
c	Other losses . . . . .	2c	
d	Other (Describe in Part XIII ) . . . . .	2d	-252,053
e	Add lines 2a through 2d . . . . .	2e	-252,053
3	Subtract line 2e from line 1 . . . . .	3	18,265,649
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	4a	177,588
b	Other (Describe in Part XIII ) . . . . .	4b	
c	Add lines 4a and 4b . . . . .	4c	177,588
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 ) . . . . .	5	18,443,237

Part XIII

Supplemental Information

Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

Return Reference	Explanation
PART V, LINE 4	PERMANENTLY RESTRICTED NET ASSETS OF DONOR-RESTRICTED ENDOWMENT FUNDS ARE PRESERVED, ABSENT EXPLICIT DIRECTION FROM THE DONOR. INTEREST FROM THE PERMANENTLY RESTRICTED FUNDS IS INTENDED TO FUND FUTURE RESEARCH AND/OR EDUCATIONAL AWARDS. PART V, LINE 1A-1G. ENDOWMENT FUNDS ARE BASED ON GAAP AND AGREE TO THE RESTRICTED FUNDS ON THE AUDITED FINANCIAL STATEMENTS.
PART X, LINE 2	THE ORGANIZATION BELIEVES THAT IT HAS APPROPRIATE SUPPORT FOR ANY TAX POSITIONS TAKEN, AND THEREFORE, DOES NOT HAVE ANY UNCERTAIN TAX POSITIONS THAT ARE MATERIAL TO THE CONSOLIDATED FINANCIAL STATEMENTS. AT A MINIMUM, THE 2010 THROUGH 2013 TAX YEARS ARE OPEN FOR EXAMINATION BY TAXING AUTHORITIES.
PART XII, LINE 2D - OTHER ADJUSTMENTS	RELINQUISHED AWARDS -252,053

[illegible]

SCHEDULE F  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Statement of Activities Outside the United States

► Complete if the organization answered "Yes" to Form 990,  
Part IV, line 14b, 15, or 16.  
► Attach to Form 990. ► See separate instructions.  
► Information about Schedule F (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

2013

Open to Public  
Inspection

Name of the organization  
CONQUER CANCER FOUNDATION OF THE  
AMERICAN SOCIETY OF CLINICAL ONCOLOGY

Employer identification number  
31-1667995

Part I

General Information on Activities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 14b.

1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . . ☒ Yes ☐ No

2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

3 Activites per Region (The following Part I, line 3 table can be duplicated if additional space is needed )

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e g , fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
SOUTH AMERICA	0	0	GRANTS ISSUED TO INDIVIDUALS AND RECIPIENT ORGANIZATION(S)	MERIT AWARD (\$1,000), INTERNATIONAL DEVELOPMENT AND EDUCATION AWARD (\$1,100)	2,100
MIDDLE EAST AND NORTH AFRICA	0	0	GRANTS ISSUED TO INDIVIDUALS AND RECIPIENT ORGANIZATION(S)	MERIT AWARD (\$1,000), INTERNATIONAL DEVELOPMENT AND EDUCATION AWARD (\$5,560)	6,560
SOUTH ASIA	0	0	GRANTS ISSUED TO INDIVIDUALS AND RECIPIENT ORGANIZATION(S)	MERIT AWARD (\$1,000), INTERNATIONAL DEVELOPMENT AND EDUCATION AWARD (\$5,600)	6,600
SUB-SAHARAN AFRICA	0	0	GRANTS ISSUED TO INDIVIDUALS AND RECIPIENT ORGANIZATION(S)	INTERNATIONAL DEVELOPMENT AND EDUCATION AWARD (\$4,800)	4,800
3a Sub-total	0	0			20,060
b Total from continuation sheets to Part I	0	0			0
c Totals (add lines 3a and 3b)	0	0			20,060

Part II

Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
			NORTH AMERICA	YOUNG INVESTIGATOR AWARD (YIA)	50,000	CASH/CHECK			
			NORTH AMERICA	YOUNG INVESTIGATOR AWARD (YIA)	50,000	CASH/CHECK			

2

Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter . . . . ▶

3

Enter total number of other organizations or entities . . . . . ▶

2





Part IV

Foreign Forms

- 1

Was the organization a U S transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)*

☐

Yes

☒

No
- 2

Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A)*

☐

Yes

☒

No
- 3

Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with Respect to Certain Foreign Corporations. (see Instructions for Form 5471)*

☐

Yes

☒

No
- 4

Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)*

☐

Yes

☒

No
- 5

Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with Respect to Certain Foreign Partnerships. (see Instructions for Form 8865)*

☐

Yes

☒

No
- 6

Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713).*

☐

Yes

☒

No



## Grants and Other Assistance to Organizations, Governments and Individuals in the United States

**Complete if the organization answered "Yes," to Form 990, Part IV, line 21 or 22.**

**▶ Attach to Form 990**

► Information about Schedule I (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

## Open to Public Inspection

Employer identification number

31-1667995

<b>Part I</b>	<b>General Information on Grants and Assistance</b>
---------------	---

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . .

☒ Yes    ☐ No

**2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

**Part II** **Grants and Other Assistance to Governments and Organizations in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

[illegible]

**2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . **36**

**3** Enter total number of other organizations listed in the line 1 table . . . . . **0**

Part III

Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22.  
Part III can be duplicated if additional space is needed.

(a)Type of grant or assistance	(b)Number of recipients	(c)Amount of cash grant	(d)Amount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
(1) GIANNI BONADONNA BREAST CANCER FELLOWSHIP	1	10,000			
(2) MERIT AWARDS	123	127,500			
(3) PATIENT ADVOCATE SCHOLARSHIPS	105	156,000			
(4) ONCOLOGY TRAINEE TRAVEL AWARDS	19	21,280			

Part IV

Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

Return Reference	Explanation
PART I, LINE 2	CCF GRANTS ARE AWARDED BASED ON MERIT THROUGH A PEER-REVIEW PROCESS CONDUCTED BY MEMBERS OF CCF'S GRANT SELECTION COMMITTEE USING ELIGIBILITY CRITERIA ESTABLISHED FOR EACH SPECIFIC GRANT GRANTEES ARE REQUIRED TO SIGN A GRANT AGREEMENT WITH CCF THAT ESTABLISHES CERTAIN REQUIREMENTS FOR THE GRANT GRANTEES MUST REQUEST CCF'S APPROVAL FOR ANY CHANGES IN THE GRANT PROJECT AND THE GRANTEE'S STATUS GRANTEES MUST SUBMIT A FORMAL REQUEST FOR A CHANGE IN OBJECTIVES OR SCOPE TO CCF AND INCLUDE JUSTIFICATION FOR THE CHANGES, WHICH IS SUBJECT TO CCF'S REVIEW AND APPROVAL GRANTEES ARE REQUIRED TO NOTIFY CCF AND REQUEST A NO-COST EXTENSION IF THERE ARE SIGNIFICANT DELAYS THAT WILL MATERIALLY AFFECT THE ABILITY TO ATTAIN THE OBJECTIVES OF THE GRANT PROJECT OR TO MEET THE PROPOSED TIME SCHEDULES GRANTEES ARE REQUIRED TO NOTIFY CCF IF THEY PLAN TO LEAVE AN ORGANIZATION DURING THE COURSE OF A GRANT AND MUST SUBMIT A REQUEST FOR APPROVAL OF INSTITUTION TRANSFER OF THE GRANT BEFORE ANY TRANSFER TAKES PLACE CHANGES OF GREATER THAN 5% OF THE TOTAL YEARLY GRANT BUDGET BETWEEN OR INTO NEW BUDGET CATEGORIES ARE SUBJECT TO THE REVIEW AND APPROVAL OF CCF CCF REQUIRES TECHNICAL PROJECT REPORTS (PROGRESS REPORTS) AND BUDGET SUMMARIES (FINANCIAL REPORTS) FOR ALL GRANTS UNLESS OTHERWISE SPECIFIED IN THE GRANT TERMS AND CONDITIONS, AN ANNUAL PROGRESS REPORT AND A BUDGET SUMMARY ARE REQUIRED TO BE SUBMITTED WITHIN 30 DAYS AND 60 DAYS, RESPECTIVELY, FOLLOWING THE END OF THE GRANT BUDGET PERIOD CCF REVIEWS THE REPORTS AND PROVIDES THE GRANTEE AN APPROVAL NOTIFICATION CCF REQUIRES A FINAL PROJECT REPORT AND BUDGET SUMMARY WITHIN 30 DAYS AND 60 DAYS, RESPECTIVELY, FOLLOWING EXPIRATION OF THE GRANT CCF REVIEWS THE REPORTS AND IF APPROVED, PROVIDES THE GRANTEE AN APPROVAL NOTIFICATION ALL UNUSED FUNDS AT THE END OF THE AWARD TERM MUST BE RETURNED TO CCF GRANTS ARE ADMINISTRATIVELY CLOSED BY CCF AFTER RECEIPT OF THE FINAL PROJECT REPORT AND FINAL BUDGET SUMMARY AND AFTER CCF'S DETERMINATION THAT ANY OTHER ADMINISTRATIVE REQUIREMENTS IN THE GRANT HAVE BEEN MET CCF RESERVES THE RIGHT TO ASK THE GRANTEE TO RETURN FUNDS THAT WERE SPENT INCONSISTENTLY WITH THE APPROVED BUDGET

Additional Data

Software ID:

Software Version:

EIN: 31-1667995

Name: CONQUER CANCER FOUNDATION OF THE  
AMERICAN SOCIETY OF CLINICAL ONCOLOGY

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BAYLOR COLLEGE OF MEDICINE ONE BAYLOR PLAZA HOUSTON,TX 77030	74-1613878	501 (C)(3)	165,000				LONG-TERM INTERNATIONAL FELLOWSHIP, YOUNG INVESTIGATOR AWARD
CASE WESTERN RESERVE UNIVERSITY 11100 EUCLID AVE CLEVELAND,OH 44106	34-1018992	501 (C)(3)	115,000				LONG-TERM INTERNATIONAL FELLOWSHIP
DUKE UNIVERSITY MEDICAL CENTER BOX 2714 DURHAM,NC 27710	56-0532129	501 (C)(3)	50,000				YOUNG INVESTIGATOR AWARD
DANA-FARBER CANCER INSTITUTE 44 BINNEY STREET BP431C BOSTON,MA 02115	04-2263040	501 (C)(3)	350,000				YOUNG INVESTIGATOR AWARDS
JOHNS HOPKINS UNIVERSITY 550 NORTH BROAKWAY SUITE 1003 BALTIMORE,MD 212052009	52-0591627	501 (C)(3)	350,000				CAREER DEVELOPMENT AWARDS, YOUNG INVESTIGATOR AWARDS
MEMORIAL SLOAN-KETTERING CANCER CENTER GENERAL POST OFFICE BOX 263633 THIRD AVE NEW YORK,NY 10017	13-1924236	501 (C)(3)	950,000				YOUNG INVESTIGATOR AWARDS, CAREER DEVELOPMENT AWARDS, GIANNI BONADONNA BREAST CANCER RESEARCH FELLOWSHIP
SEATTLE CHILDRENS HOSPITAL 1100 OLIVE WAY SEATTLE,WA 98101	91-0564748	501 (C)(3)	200,000				CAREER DEVELOPMENT AWARDS
UNIVERSITY OF CALIFORNIA - SAN DIEGO 3855 HEALTH SCIENCE DRIVE LA JOLLA,CA 92093	95-6006144	501 (C)(3)	50,000				YOUNG INVESTIGATOR AWARD
UNIVERSITY OF TEXAS MD ANDERSON CANCER CENTER PO BOX 4486 HOUSTON,TX 77210	74-6000203	GOV'T UNIT	200,000				YOUNG INVESTIGATOR AWARDS
UNC AT CHAPEL HILL 102 MASON FARM RD CHAPEL HILL,NC 27599	56-6001393	501 (C)(3)	50,000				YOUNG INVESTIGATOR AWARD

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF PENNSYLVANIA 3400 SPRUCE ST PHILADELPHIA,PA 19104	23-1352685	501 (C)(3)	650,000				ADVANCED CLINICAL RESEARCH AWARDS, CAREER DEVELOPMENT AWARDS
	06-0646973						YOUNG INVESTIGATOR AWARD
							YOUNG INVESTIGATOR AWARDS
							YOUNG INVESTIGATOR AWARD
YALE UNIVERSITY 333 CEDAR ST NEW HAVEN,CT 06520		501 (C)(3)	100,000				YOUNG INVESTIGATOR AWARD
MASSACHUSETTS GENERAL HOSPITAL 555 FRUIT STREET BOSTON,MA 02114	04-1564655	501 (C)(3)	150,000				YOUNG INVESTIGATOR AWARDS
UNIVERSITY OF ALABAMA AT BIRMINGHAM 1802 SIXTH AVE SOUTH BIRMINGHAM,AL 35294	63-6005396	GOV'T UNIT	17,000				MEDICAL STUDENT ROTATION AWARDS
	13-6180380						MEDICAL STUDENT ROTATION AWARD
AMERICAN SOCIETY OF CLINICAL ONCOLOGY 2318 MILL RD 800 ALEXANDRIA,VA 22314		501 (C)(3)	8,371,709				CONTRIBUTION
UNIVERSITY OF COLORADO DENVER 13001 E 17TH PLACE AURORA,CO 80045	84-6000555	GOV'T UNIT	450,000				CAREER DEVELOPMENT AWARDS, YOUNG INVESTIGATOR AWARD

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ST JOSEPH'S HOSPITAL & MEDICAL CENTER 350 WEST THOMAS ROAD PHOENIX,AZ 85013	86-0096787	501 (C)(3)	200,000				CAREER DEVELOPMENT AWARD
UNIVERSITY OF WASHINGTON 1959 NE PACIFIC SEATTLE,WA 98195	91-6001537	GOV'T UNIT	200,000				CAREER DEVELOPMENT AWARD
COLUMBIA UNIVERSITY MEDICAL CENTER 630 WEST 168TH STREET NEWYORK,NY 10032	13-5598093	501 (C)(3)	108,500				YOUNG INVESTIGATOR AWARDS, MEDICAL STUDENT ROTATION AWARDS
UNIVERSITY OF MICHIGAN 1500 E MEDICAL CENTER DR ANN ARBOR,MI 48109	38-6006309	GOV'T UNIT	50,000				YOUNG INVESTIGATOR AWARD
H LEE MOFFITT CANCER CENTER UNIVERSITY OF SOUTH FLORIDA 12902 MAGNOLIA DR MCC-CEO TAMPA,FL 336129497	59-2451713	501 (C)(3)	50,000				YOUNG INVESTIGATOR AWARD
OREGON HEALTH & SCIENCE UNIVERSITY 3181 SW SAM JACKSON PARK ROAD PORTLAND,OR 97239	93-1176109	501 (C)(3)	50,000				YOUNG INVESTIGATOR AWARD
BETH ISRAEL DEACONESS MEDICAL CENTER 330 BROOKLINE AVENUE BOSTON,MA 02215	13-5564934	501 (C)(3)	50,000				YOUNG INVESTIGATOR AWARD
THE CHILDREN'S HOSPITAL OF PHILADELPHIA 34TH STREET AND CIVIC CENTER BLVD PHILADELPHIA,PA 191044399	23-1352166	501 (C)(3)	50,000				YOUNG INVESTIGATOR AWARD
MEDSTAR HEALTH RESEARCH INSTITUTE 6525 BELCREST RD 700 HYATTSVILLE,MD 20782	52-6056274	501 (C)(3)	50,000				YOUNG INVESTIGATOR AWARD
UNIVERSITY OF CALIFORNIA - LOS ANGELES 10833 LE CONTE AVENUE LOS ANGELES,CA 900951781	95-6006143	GOV'T UNIT	50,000				YOUNG INVESTIGATOR AWARD



Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FRED HUTCHINSON CANCER RESEARCH CENTER 1100 FAIRVIEW AVE N SEATTLE,WA 98109	23-7156071	501 (C)(3)	50,000				YOUNG INVESTIGATOR AWARD
BRIGHAM AND WOMEN'S HOSPITAL 75 FRANCIS STREET BOSTON,MA 02115	04-2312909	501 (C)(3)	50,000				YOUNG INVESTIGATOR AWARD
NEW YORK PRESBYTERIAN HOSPITAL 630 WEST 168TH STREET NEW YORK,NY 10032	13-3957095	501 (C)(3)	50,000				YOUNG INVESTIGATOR AWARD
DAVID GEFFEN SCHOOL OF MEDICINE AT UCLA 10833 LE CONTE AVENUE LOS ANGELES,CA 90095	95-4373071	GOV'T UNIT	17,000				MEDICAL STUDENT ROTATION AWARDS
MAYO CLINIC MINNESOTA 200 FIRST ST SW ROCHESTER,MN 55905	41-6011702	501 (C)(3)	17,000				MEDICAL STUDENT ROTATION AWARDS
ROBERT WOOD JOHNSON MEDICAL SCHOOL UNIVERSITY OF MEDICINE AND DENTISTRY NJ 195 LITTLE ALBANY STREET NEW BRUNSWICK,NJ 089032681	78-7958750	501 (C)(3)	8,500				MEDICAL STUDENT ROTATION AWARDS
UNIVERSITY OF UTAH 2000 CIRCLE OF HOPE SALT LAKE CITY,UT 841125550	87-6000525	GOV'T UNIT	8,500				MEDICAL STUDENT ROTATION AWARDS
COOPER MEDICAL SCHOOL OF ROWAN UNIVERSITY CAMDEN NJ 401 BROADWAY CAMDEN,NJ 08103	22-2764819	501 (C)(3)	8,500				MEDICAL STUDENT ROTATION AWARDS
UNIVERSITY OF MISSISSIPPI MEDICAL CENTER 2500 N STATE ST JACKSON,MS 39216	64-6008520	GOV'T UNIT	8,500				MEDICAL STUDENT ROTATION AWARDS
FLORIDA STATE UNIVERSITY - TALLAHASSEE 282 CHAMPIONS WAY A2201 UCA TALLAHASSEE,FL 32306	59-1961248	GOV'T UNIT	8,500				MEDICAL STUDENT ROTATION AWARDS

Schedule J  
(Form 990)

Compensation Information

OMB No 1545-0047

2013

Open to Public Inspection

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 23.

▶ Attach to Form 990. ▶ See separate instructions.

▶ Information about Schedule J (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Name of the organization  
CONQUER CANCER FOUNDATION OF THE  
AMERICAN SOCIETY OF CLINICAL ONCOLOGY

Employer identification number  
  
31-1667995

Part I

Questions Regarding Compensation

	Yes	No
<div><div>1a</div><div>Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.</div><div><div><div><input type="checkbox"/> First-class or charter travel</div><div><input type="checkbox"/> Travel for companions</div><div><input type="checkbox"/> Tax idemnification and gross-up payments</div><div><input type="checkbox"/> Discretionary spending account</div></div><div><div><input type="checkbox"/> Housing allowance or residence for personal use</div><div><input type="checkbox"/> Payments for business use of personal residence</div><div><input type="checkbox"/> Health or social club dues or initiation fees</div><div><input type="checkbox"/> Personal services (e g , maid, chauffeur, chef)</div></div></div></div>		
<div><div>1b</div><div>If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain.</div></div>		
<div><div>2</div><div>Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?</div></div>		
<div><div>3</div><div>Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.</div><div><div><div><input type="checkbox"/> Compensation committee</div><div><input type="checkbox"/> Independent compensation consultant</div><div><input type="checkbox"/> Form 990 of other organizations</div></div><div><div><input type="checkbox"/> Written employment contract</div><div><input type="checkbox"/> Compensation survey or study</div><div><input type="checkbox"/> Approval by the board or compensation committee</div></div></div></div>		
<div><div>4</div><div>During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization:</div></div>		
<div><div>4a</div><div>Receive a severance payment or change-of-control payment?</div></div>		No
<div><div>4b</div><div>Participate in, or receive payment from, a supplemental nonqualified retirement plan?</div></div>		No
<div><div>4c</div><div>Participate in, or receive payment from, an equity-based compensation arrangement?</div></div> <div>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.</div>		No
<div><div></div><div>Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.</div></div>		
<div><div>5</div><div>For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:</div></div>		
<div><div>5a</div><div>The organization?</div></div>		No
<div><div>5b</div><div>Any related organization?</div></div> <div>If "Yes," to line 5a or 5b, describe in Part III.</div>		No
<div><div>6</div><div>For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:</div></div>		
<div><div>6a</div><div>The organization?</div></div>		No
<div><div>6b</div><div>Any related organization?</div></div> <div>If "Yes," to line 6a or 6b, describe in Part III.</div>		No
<div><div>7</div><div>For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III.</div></div>		No
<div><div>8</div><div>Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.</div></div>		No
<div><div>9</div><div>If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</div></div>		

**Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii) Do not list any individuals that are not listed on Form 990, Part VII

**Note.** The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported as deferred in prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1)ALLEN S LICHTER MD FASCO CEO	(i)	0	0	0	0	0	0	0
	(ii)	650,820	74,000	60,000	19,125	830	804,775	0
(2)NANCY DALY MS MPH EXECUTIVE DIRECTOR	(i)	0	0	0	0	0	0	0
	(ii)	231,000	0	0	17,325	11,448	259,773	0
(3)PAUL AINES CPA CFO	(i)	0	0	0	0	0	0	0
	(ii)	312,000	5,000	0	19,125	16,176	352,301	0

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II

Also complete this part for any additional information

Return Reference	Explanation
PART I, LINE 3	COMPENSATION IS ESTABLISHED BY A RELATED ORGANIZATION, THE AMERICAN SOCIETY OF CLINICAL ONCOLOGY, INC THE METHODS USED BY ASCO TO DETERMINE COMPENSATION ARE COMPENSATION COMMITTEE, INDEPENDENT COMPENSATION CONSULTANT, FORMS 990 OF OTHER ORGANIZATIONS, WRITTEN EMPLOYMENT CONTRACT, COMPENSATION STUDY OR SURVEY, AND APPROVAL BY BOARD OR COMPENSATION COMMITTEE

**SCHEDULE O**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

**Complete to provide information for responses to specific questions on  
Form 990 or to provide any additional information.**

**▶ Attach to Form 990 or 990-EZ.**

**▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at  
[www.irs.gov/form990](http://www.irs.gov/form990).**

**2013**

**Open to Public  
Inspection**

Name of the organization  
CONQUER CANCER FOUNDATION OF THE  
AMERICAN SOCIETY OF CLINICAL ONCOLOGY

**Employer identification number**

31-1667995

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 1	AS OF DECEMBER 31, 2013, THE BOARD OF DIRECTORS OF CCF INCLUDED FOURTEEN (14) DIRECTORS WITH VOTING RIGHTS AND TWO (2) DIRECTORS WITHOUT VOTING RIGHTS THIRTEEN (13) DIRECTORS WITH VOTING RIGHTS WERE APPOINTED BY THE BOARD OF DIRECTORS OF ASCO, A NON-PROFIT, 501(C)(3) TAX-EXEMPT ORGANIZATION, A RELATED ORGANIZATION THERE WERE THREE EX-OFFICIO DIRECTORS THE CHIEF EXECUTIVE OFFICER (CEO) (WITH VOTING RIGHTS), THE ASCO PRESIDENT (WITHOUT VOTING RIGHTS) AND THE EXECUTIVE DIRECTOR (WITHOUT VOTING RIGHTS) ALL VOTING MEMBERS OF THE BOARD OF DIRECTORS HAVE THE SAME VOTING RIGHTS DURING THE REPORTED TAX YEAR, THE BOARD OF DIRECTORS DELEGATED AUTHORITY TO THE EXECUTIVE COMMITTEE OF THE BOARD OF DIRECTORS CONSISTENT WITH CCF'S BYLAWS THE EXECUTIVE COMMITTEE IS COMPOSED OF THE CHAIR, CEO, SECRETARY, TREASURER, AND A FIFTH EXECUTIVE COMMITTEE MEMBER ELECTED BY THE DIRECTORS ALL EXECUTIVE COMMITTEE MEMBERS ARE MEMBERS OF CCF'S BOARD OF DIRECTORS THE SCOPE OF THE EXECUTIVE COMMITTEE'S AUTHORITY IS ESTABLISHED BY CCF'S BYLAWS, WHICH PROVIDE THAT EXCEPT TO THE EXTENT SPECIFICALLY PROHIBITED BY RESOLUTION OF THE BOARD OF DIRECTORS OR OTHERWISE PROHIBITED BY LAW AND EXCEPT AS SPECIFIED IN THE BYLAWS, THE EXECUTIVE COMMITTEE OF THE BOARD IS EMPOWERED TO MAKE AND IMPLEMENT DECISIONS BETWEEN BOARD MEETINGS AND IT MAY ACT ON ITEMS REQUIRING ACTION PRIOR TO THE NEXT ANNOUNCED BOARD MEETING ACTIONS OF THE EXECUTIVE COMMITTEE ARE REPORTED TO THE BOARD OF DIRECTORS AT THE MEETING OF THE BOARD OF DIRECTORS IMMEDIATELY FOLLOWING THE ACTION TAKEN BY THE EXECUTIVE COMMITTEE, CONSISTENT WITH CCF'S BYLAWS

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7A	CCF DOES NOT HAVE MEMBERS. DIRECTORS OF CCF ARE APPOINTED AND SUBJECT TO REMOVAL BY THE BOARD OF DIRECTORS OF ASCO, EXCEPT FOR DIRECTORS SERVING EX-OFFICIO

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7B	THE BOARD OF DIRECTORS OF CCF MAY VOTE TO AMEND OR REPEAL THE BYLAWS OF CCF, BUT THE BOARD OF DIRECTORS OF ASCO MUST APPROVE AN AMENDMENT OR REPEAL OF THE BYLAWS TO BE EFFECTIVE. CCF MAY NOT AMEND ITS ARTICLES OF INCORPORATION WITHOUT PROVIDING TO ASCO WRITTEN NOTICE OF THE PROPOSED AMENDMENT AT LEAST THIRTY (30) DAYS IN ADVANCE.

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11	AN ELECTRONIC COPY OF THE CCF FORM 990 WAS SENT, THROUGH A SECURE SITE, TO EACH MEMBER OF THE CCF FINANCE COMMITTEE AND WAS DISCUSSED AT A MEETING OF THE FINANCE COMMITTEE BEFORE IT WAS FILED AN ELECTRONIC COPY OF THE CCF FORM 990 WAS SENT, THROUGH A SECURE SITE, TO EACH MEMBER OF THE BOARD OF DIRECTORS BEFORE IT WAS FILED THE CCF FORM 990 WAS REVIEWED BY THE CHIEF FINANCIAL OFFICER, THE EXECUTIVE DIRECTOR, THE CEO, AND THE GENERAL COUNSEL PRIOR TO FILING



Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	<p>CCF MAINTAINS A NUMBER OF WRITTEN CONFLICT OF INTEREST POLICIES AND STANDARDS REGARDING THE DISCLOSURE AND MANAGEMENT OF CONFLICTS OF INTEREST. THESE POLICIES AND STANDARDS COVER CCF STAFF, DIRECTORS, OFFICERS, COMMITTEE MEMBERS, AND ANY PERSON IN A RELATIONSHIP WITH THESE INDIVIDUALS. UNDER CCF'S POLICIES, COVERED INDIVIDUALS ARE ASKED TO DISCLOSE FINANCIAL INTERESTS IN OR OTHER RELATIONSHIPS WITH ENTITIES THAT HAVE RELEVANT COMMERCIAL INTERESTS, INCLUDING EMPLOYMENT OR LEADERSHIP POSITIONS, CONSULTANT OR ADVISORY ROLES, STOCK OWNERSHIP, HONORARIA, RESEARCH FUNDING, AND SERVICE AS AN EXPERT WITNESS. COMPLETION OF A DISCLOSURE FORM IS REQUIRED AT THE INITIATION OF SERVICE, AND UPDATED ANNUALLY THEREAFTER OR WHEN ANY MATERIAL CHANGES OCCUR. CCF'S CONFLICT OF INTEREST POLICIES ARE INTENDED TO HELP GUIDE THE MANAGEMENT OF ACTUAL, POTENTIAL, AND PERCEIVED CONFLICTS OF INTEREST THROUGH DISCLOSURE OF FINANCIAL INTERESTS OR OTHER RELATIONSHIPS. WHERE THE NATURE AND EXTENT OF A FINANCIAL RELATIONSHIP SUGGEST DISCLOSURE IS NOT ADEQUATE TO MANAGE A REAL OR POTENTIAL CONFLICT, COVERED INDIVIDUALS ARE REQUIRED TO RECUSE THEMSELVES FROM DECISION MAKING. RECUSAL MAY BE SELF-SELECTED, OR MAY BE REQUESTED BY THE COMMITTEE CHAIR, OFFICER, OR EXECUTIVE-LEVEL STAFF MEMBERS.</p>

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15	THE FOLLOWING EMPLOYEES OF ASCO SERVE AS OFFICERS OF CCF CEO OF CCF (ALSO SERVES AS CEO OF ASCO) EXECUTIVE DIRECTOR OF CCF CFO OF CCF (ALSO SERVES AS CFO OF ASCO) GENERAL COUNSEL OF CCF (ALSO SERVES AS VP/GENERAL COUNSEL OF ASCO) INFORMATION REGARDING THEIR COMPENSATION AND THE PROCESS FOR DETERMINING THEIR COMPENSATION ARE DESCRIBED IN THE IRS FORM 990 OF ASCO CCF STAFF ARE EMPLOYEES OF ASCO WHO ARE LEASED TO CCF APPLICABLE INFORMATION REGARDING THEIR COMPENSATION IS DESCRIBED IN THE IRS FORM 990 OF ASCO CCF DOES NOT PAY COMPENSATION TO THESE INDIVIDUALS

Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 19	CCF'S GOVERNING DOCUMENTS ARE AVAILABLE TO THE PUBLIC FROM CCF UPON REQUEST CCF'S ARTICLES OF INCORPORATION ARE ALSO AVAILABLE TO THE PUBLIC THROUGH THE VIRGINIA STATE CORPORATION COMMISSION CONFLICT OF INTEREST POLICIES AND STANDARDS ARE POSTED ON CCF'S WEBSITE THE ANNUAL REPORT OF CCF IS POSTED ON CCF'S WEBSITE AND IS AVAILABLE TO THE PUBLIC FROM CCF UPON REQUEST THE AUDITED FINANCIAL STATEMENTS OF CCF ARE POSTED ON CCF'S WEBSITE

Return Reference	Explanation
FORM 990, PART XI, LINE 9	RELINQUISHED AWARDS 252,053

SCHEDULE R  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.  
▶ Attach to Form 990. ▶ See separate instructions.  
▶ Information about Schedule R (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization  
CONQUER CANCER FOUNDATION OF THE  
AMERICAN SOCIETY OF CLINICAL ONCOLOGY

Employer identification number  
  
31-1667995

Part I Identification of Disregarded Entities

Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

Part II Identification of Related Tax-Exempt Organizations

Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) AMERICAN SOCIETY OF CLINICAL ONCOLOGY INC  2318 MILL ROAD 800  ALEXANDRIA, VA 22314 13-6180380	SUPPORTS CANCER RESEARCH, EDUCATION AND QUALITY IMPROVEMENT PROGRAMS	NY	501(C)(3)	LINE 9	N/A		No

Part III

Identification of Related Organizations Taxable as a Partnership

Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	

Part IV

Identification of Related Organizations Taxable as a Corporation or Trust

Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end- of-year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No

Part V

Transactions With Related Organizations

Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

**Note.** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule

**1** During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

- a** Receipt of **(i)** interest **(ii)** annuities **(iii)** royalties or **(iv)** rent from a controlled entity
- b** Gift, grant, or capital contribution to related organization(s)
- c** Gift, grant, or capital contribution from related organization(s)
- d** Loans or loan guarantees to or for related organization(s)
- e** Loans or loan guarantees by related organization(s)

- f** Dividends from related organization(s)
- g** Sale of assets to related organization(s)
- h** Purchase of assets from related organization(s)
- i** Exchange of assets with related organization(s)
- j** Lease of facilities, equipment, or other assets to related organization(s)
- k** Lease of facilities, equipment, or other assets from related organization(s)
- l** Performance of services or membership or fundraising solicitations for related organization(s)
- m** Performance of services or membership or fundraising solicitations by related organization(s)
- n** Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)
- o** Sharing of paid employees with related organization(s)

- p** Reimbursement paid to related organization(s) for expenses
- q** Reimbursement paid by related organization(s) for expenses

- r** Other transfer of cash or property to related organization(s)
- s** Other transfer of cash or property from related organization(s)

	Yes	No
1a		No
1b	Yes	
1c	Yes	
1d	Yes	
1e		No
1f		No
1g		No
1h		No
1i		No
1j		No
1k	Yes	
1l	Yes	
1m		No
1n	Yes	
1o	Yes	
1p	Yes	
1q	Yes	
1r		No
1s		No

**2** If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

[illegible]



Part VII

Supplemental Information

Provide additional information for responses to questions on Schedule R (see instructions)

Return Reference	Explanation
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